

CLAIMS ONLY						Application Number 10076417		Filing Date			
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1						51				
2	1						52				
3							53				
4							54				
5	1						55				
6							56				
7	1						57				
8							58				
9	1						59				
10							60				
11	1						61				
12	1						62				
13							63				
14	1						64				
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18	1						68				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	1						Total Indep				
Total Depend	8						Total Depend				
Total Claims	9						Total Claims				